

| POSITION                  | IN'       | S     | ID NO.   | DATE     |
|---------------------------|-----------|-------|----------|----------|
| FEE DETERMINATION         |           |       |          | 02-29-01 |
| O.I.P.E. CLASSIFIER       |           |       |          |          |
| FORMALITY REVIEW          |           |       |          |          |
| RESPONSE FORMALITY REVIEW | 11        | 10818 | 01-26-01 |          |
|                           | T request | 925   | 11-11-01 |          |

## INDEX OF CLAIMS

|                     |            |   |              |
|---------------------|------------|---|--------------|
| ✓                   | Rejected   | N | Non-elected  |
| =                   | Allowed    | I | Interference |
| — (Through numeral) | Canceled   | A | Appeal       |
| —                   | Restricted | O | Objected     |

| Claim    | Date    |
|----------|---------|
| Final    | 1/1/01  |
| Original | 1/1/01  |
| 1        | 2/28/01 |
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| Claim    | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here